

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Maryellen O'Shaughnessy Committee							
Full Name of Contributor Nationwide					Registration Number, if PAC		
Street Address One Nationwide Plaza 1-27-10		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 3 0	Y 0 7	Amount 500.00	
Full Name of Contributor United Health Care					Registration Number, if PAC		
Street Address 9200 Worthington Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43021	M 1 0	D 3 0	Y 0 7	Amount 250.00	
Full Name of Contributor Savoy Properties					Registration Number, if PAC		
Street Address 515 E. Main Street Suite 500		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 0 6	Y 0 7	Amount 500.00	
Full Name of Contributor Columbus Apartment Association					Registration Number, if PAC OH146		
Street Address 1225 Dublin Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 1 5	Y 0 7	Amount 1,000.00	
Full Name of Contributor Wayne and Lori Garland					Registration Number, if PAC		
Street Address 492 Windwillow Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065-8657	M 1 1	D 1 5	Y 0 7	Amount 100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,350.00